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ABSTRACT

This information sheet summarizes findings from two reports: "Staffing Patterns and Team Models in Infancy Programs" by Jeanette McCollum and Mary-alayne Hughes, and "Early Intervention Team Approaches: The Transdisciplinary Model" by Geneva Woodruff and Mary McGonigel. The digest outlines the provisions of the Education of the Handicapped Amendments of 1986, (Public Law 99-457), the types of children who are eligible for services, and the services which must be made available. It describes the functioning of early intervention teams, which are composed of professionals representing a variety of disciplines: special education; social work; psychology; medicine; child development; and physical, occupational, and speech and language therapy; and which may also include parents. Three service delivery models that structure interaction among team members in different ways are discussed: multidisciplinary teams, interdisciplinary teams, and transdisciplinary teams. (JDD)

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ERIC Digest

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1989

# EARLY INTERVENTION FOR INFANTS AND TODDLERS A TEAM EFFORT

## What Are the Provisions of P.L. 99-457?

The early intervention program established by P.L. 99-457, The Education of the Handicapped Act Amendments of 1986, has brought the nation one step closer to a national policy of access to services for all handicapped and at-risk children, birth through 5 years of age, and their families. Part H, the Handicapped and Toddlers Program, created a new federal program for handicapped and at-risk children from birth to 3 years of age and their families. The purpose of this program is to provide financial assistance to states to:

1. Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services.
2. Facilitate the coordination of early intervention resources from federal, state, local, and private sources.
3. Enhance states' capacities to provide high-quality early intervention services.

## Who Is Eligible for Services?

The new Infant/Toddler Program is directed to the needs of children, from birth until their third birthdays, who need early intervention because they:

1. Are experiencing developmental delays in one or more of the following areas: cognitive, physical, language and speech, psychosocial, or self-help skills.
2. Have a physical or mental condition that has a high probability of resulting in delay (e.g., Down syndrome, cerebral palsy).
3. At state discretion, are at-risk medically or environmentally for substantial developmental delays if early intervention is not provided.

## What Must Services Include?

For each eligible child, early intervention services must include a multidisciplinary assessment and a written individualized family service plan (IFSP) developed by a multidisciplinary team and the parents. Services provided must be designed to meet the developmental needs of the child and be in accordance with the IFSP. Case management services must be provided for every eligible child and his or her parents. Because eligibility definitions are so broad, service providers need a comprehensive knowledge base and a diversity of skills to serve these children. Staff providing services to any one family may represent multiple disciplines, and collaboration among professionals from different agencies is often necessary. New definitions of "staff," "team," and "collaboration" have begun to emerge.

## Early Intervention Team Models

The growing acceptance and implementation of the team approach are not solely the results of federal mandates. They also reflect early intervention professionals' view of human development that regards a child as an integrated and interactive whole, rather than as a collection of separate parts (Golin & Ducanis, 1981). The team approach also recognizes that the multifaceted problems of very young children are too complex to be addressed by a single discipline (Holm & McCartin, 1978). The complexity of developmental problems in early life (Fewell, 1983) and the interrelated nature of an infant's developmental domains are prompting early intervention specialists to recognize the need for professionals to work together as a team.

Although different team models are in use, most are composed of professionals representing a variety of disciplines: special education; social work; psychology; medicine; child development; and physical, occupational, and speech and language therapy. All teams also involve the family in varying ways and degrees. Team members share common tasks including the assessment of a child's developmental status and the development and implementation of a program plan to meet the assessed needs of the child within the context of the family.

What may best distinguish early intervention teams from one another is neither composition nor task, but rather the structure for interaction among team members. Three service delivery models that structure interaction among team members have been identified and differentiated in the literature: multidisciplinary, interdisciplinary, and transdisciplinary (Fewell, 1983; Linder, 1983; Peterson, 1987; United Cerebral Palsy National Collaborative Infant Project, 1976).

## Multidisciplinary Teams

On multidisciplinary teams, professionals from several disciplines work independently of each other (Fewell, 1983). Peterson (1987) compared the mode of interaction among members of multidisciplinary teams to parallel play in young children: "side by side, but separate" (p. 484). Although multidisciplinary team members may work together and share the same space and tools, they usually function quite separately.

Interaction among team members in the multidisciplinary approach does not foster services that reflect the view of the child as an integrated and interactive whole (Linder, 1983). This can lead to fragmented services for children and confusing or conflicting reports to parents.

Another concern about the multidisciplinary model is the lack of communication between team members that places the burden of coordination and case management on the

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family. In contrast, both the interdisciplinary and transdisciplinary approaches avoid the pitfalls of multidisciplinary service fragmentation by having the team develop a case management plan that coordinates both their services and the information that is presented to the family.

### Interdisciplinary Teams

Interdisciplinary teams are composed of parents and professionals from several disciplines. The difference between multidisciplinary and interdisciplinary teams lies in the interaction among team members. Interdisciplinary teams are characterized by formal channels of communication that encourage team members to share their information and discuss individual results (Fewell, 1983; Peterson, 1987). Regular meetings are usually scheduled to discuss shared cases.

Representatives of various professional disciplines separately assess children and families, but the team does come together at some point to discuss the results of their individual assessment and to develop plans for intervention. Generally, each specialist is responsible for the part of the service plan related to his or her professional discipline.

Although this approach solves some of the problems associated with multidisciplinary teams, communication and interaction problems (e.g., influence of "professional turf") may impinge upon the team process.

### Transciplinary Teams

Transdisciplinary teams are also composed of parents and professionals from several disciplines. The transdisciplinary approach attempts to overcome the confines of individual disciplines in order to form a team that crosses and recrosses disciplinary boundaries and thereby maximizes communication, interaction, and cooperation among team members.

Fundamental to this model are two beliefs: (1) children's development must be viewed as integrated and interactive, and (2) children must be served within the context of the family. Since they have the greatest influence on their children's development, families are seen as a very critical part of the transdisciplinary team and are involved in setting goals and making programmatic decisions for themselves and their children. All decisions in the areas of assessment and program planning, implementation, and evaluation are made by team consensus. Although all team members share responsibility for the development of the service plan, it is carried out by the family and one other team member who is designated as the primary service provider.

Another characteristic of a transdisciplinary team is that team members accept and accentuate each other's knowledge and strengths to benefit the team, the child, and the family (Lyon & Lyon, 1980). Staff development in the form of mutual training may occur at three increasing levels of complexity: (1) sharing general information, (2) teaching others to make specific judgments, and (3) teaching others to perform specific actions. The first two levels pertain to the sharing of information while the third level pertains to the sharing of roles.

### Implications of the Transdisciplinary Model for Staff

Because transdisciplinary team members are interdependent, all must commit themselves to assist and support one another. This commitment is demonstrated by the following behaviors:

- Giving the time and energy necessary to teach, learn, and work across traditional disciplinary boundaries.
- Working toward making all decisions about the child and family by team consensus—that is, giving up disciplinary control.
- Supporting the family and one other team member as the child's primary service provider.
- Recognizing the family as the most important influence in the child's life and including them as equal team members who have a say in all decisions about the child's program.

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This ERIC Digest is derived from "Staffing Patterns and Team Models in Infancy Programs," by Jeanette A. McCollum and Mary-alayne Hughes, and "Early Intervention Team Approaches: The Transdisciplinary Model," by Geneva Woodruff and Mary J. McGonigel, in *Early Childhood Special Education: Birth to Three,* edited by June B. Jordan, James J. Gallagher, Patricia L. Hutinger, and Merle B. Karnes, 1988. The publication is available from The Council for Exceptional Children, 1920 Association Drive, Reston VA 22091. The full text provides information on administrative challenges; model programs; linking screening, identification, and assessment with curriculum; parent involvement; team approaches; staffing patterns; personnel preparation; program evaluation; public policy; and implementation of P.L. 99-457. 257 pp.


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